

## Were the techniques appropriate?

I would like to comment on the choice of passive mobilisation techniques selected by the treating physiotherapist as described in the study by Chen et al (2009).

I note that anteroposterior techniques were the most commonly used techniques for treating the glenohumeral joint to relieve shoulder pain and stiffness. As a clinician I have often found this technique to be unreliable or ineffective at best, and at other times to exacerbate pain in the shoulder. I would be interested to know whether the results would have been different if other commonly used techniques had been employed (eg, caudad glides, Mulligan-style mobilisations with movement, techniques using a seat belt etc.)

Whilst the glenohumeral, acromioclavicular and sternoclavicular joints were included for treatment in the intervention group, I note that the scapulothoracic component was not included. Whilst the study design may have prevented this inclusion, my experience would suggest that mobilisation of this region would have provided relief of pain and stiffness.

I believe the therapeutic benefit of using exercise and advice to treat the shoulder joint for relief of both pain and

stiffness is readily accepted by physiotherapy clinicians, and this study adds further weight to this view. However, if the results of this study contribute to a general dismissal by inexperienced clinicians of passive mobilisation techniques due to their perceived ineffectiveness, then this would be an unfortunate outcome for our patients as well as for ourselves as clinicians.

No doubt further studies will investigate the validity of a range of other passive and combination mobilisation techniques to be used along with exercise regimes for painful and stiff shoulders. In the meantime, I hope that recent graduates treating clients with painful and stiff shoulders take the opportunity to explore a range of manual interventions which they can include as part of their treatment regime.

**Beverley Giovanelli**

### References

Chen et al (2009) *Aust J Physiother* 55: 17–23.

## Techniques were chosen from experience

We thank Beverley Giovanelli for her interest in our study (Chen et al 2009). As Giovanelli has commented, the choice of the mobilisation techniques employed in this study was at the discretion of the treating physiotherapist who had had many years experience treating shoulder problems. Presumably these techniques, which are commonly taught in Australian physiotherapy courses, were chosen because this senior clinician believed, on the basis of her experience, that these are effective shoulder mobilisation techniques. Giovanelli's letter indicates that there is obvious disagreement amongst senior clinicians as to how to apply these techniques. As Giovanelli states, further clinical trials will be needed to evaluate the effectiveness of other,

specific mobilisation techniques. However, confidence in the effectiveness of mobilisation techniques in the treatment of painful, stiff shoulder dysfunction is not enhanced when senior clinicians cannot agree as to their application. Meanwhile the available clinical evidence strongly indicates that the shoulder mobilisation techniques employed in our study and believed by some senior clinicians to be effective, added to exercise and advice, do not improve outcomes in patients with painful, stiff shoulders.

**Judy Chen, Karen Ginn and Rob Herbert**

### Reference

Chen et al (2009) *Aust J Physiother* 55: 17–23.